

# Request for Legal Services

Name: \_\_\_\_\_

Department: \_\_\_\_\_

**Nature of Request** (Select one which most closely describes your legal need):

☐ Contract Review

☐ Document Review

☐ Negotiation Assistance

☐ Code/Policy Development/Amendment

☐ Litigation Assistance

☐ Other

☐ Information Only (Information Only requests do not require authorizing signatures)

**Requested Date of Completion:** \_\_\_\_\_

(NOTE: The Legal Department requires at least 10 days to complete most requests)

**Please Briefly Describe The Nature and Extent of Your Request For Legal Assistance. Please Be Specific:**

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**\*\*Please be sure to attach copies of all relevant documents. Failure to do so will cause delay in the completion of your request\*\***

**Authorization\*:**

\_\_\_\_\_  
Tribal Administrator Signature/Date

\_\_\_\_\_  
Tribal Councilperson Signature/Date

**For Internal Use Only:**

ATN: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Attorney Assigned: \_\_\_\_\_

Date Delivered/Routed: \_\_\_\_\_

\* Please be advised that some situations may require further authorization from the full Tribal Council in order for our office to proceed.